STATE OF CONNECTICUT
Consumer Advisory Board

Meeting Summary
Wednesday, June 25, 2014

Members Present: Patricia Checko (Co-Chair); Arlene Murphy (Co-Chair); Jeffrey G. Beadle; Alice Ferguson; Kevin Galvin; Cheryl Harris Forbes; Bryte Johnson; Stephen Karp; Robert Krzys; Theanvy Kuoch; Richard J. Porth

Members Absent: Yvette H. Bello; Michaela I. Fissel; Sharon D. Langer; Nanfi Lubogo; Cece Peppers-Johnson

Other Participants: Ellen Andrews, Karen Buckley Bates, Darcey Cobbs-Lomax; Robin Lamott Sparks; Kate McEvoy; Meryl Price; Mark Schaefer; Sheldon Toubman

Meeting was called to order at 1:03 p.m.

1. Public Comment
Sheldon Toubman, a staff attorney with Greater New Haven Legal Assistance, said he was pleased that the Practice Transformation Taskforce had voted to recommend using NCQA standards for the Advanced Medical Home. He spoke out against the proposal for Medicaid participation. Initially, the state planned to pilot shared savings with the Medicare-Medicaid dually-eligible population. In response to the funding opportunity announcement, the state is now preparing to place 200,000 to 215,000 Medicaid clients in shared savings payment arrangements. He said that unlike the duals demonstration, the proposal was created quickly and without public input and there are no under service measures in place to prevent harm.

Ellen Andrews, executive director of the CT Health Policy Project, said the presentation at the Council on Medical Assistance Program Oversight meeting included no behavioral health representation. She said that those states that implemented similar arrangements did so through a logical progression. She said that as not the case for Connecticut. She was also concerned about the global cap that is part of the proposed 1115 waiver. She said the proposal was not properly vetted.

The group discussed both the 1115 waiver and the Medicaid shared savings proposals. The shared savings proposal would likely require an RFP process that would favor federally qualified health centers (FQHCs) and advanced networks. Dr. Andrews said that the program would be difficult to track without a health information exchange. She said that savings gained by reducing duplication would be positive but that savings could be gained by denying care.

Kate McEvoy, Medicaid Director for the Department of Social Services will join the meeting to discuss the proposal.

The group discussed the previous night's Practice Transformation Taskforce meeting and the decision to recommend using NCQA standards for the advanced medical home. The taskforce would work with NCQA to develop standards regarding areas such as equity and access. Meryl Price said

NCQA would be more meaningful if there was a way to monitor that practices had fundamentally transformed. The board discussed voting to endorse the taskforce's recommendation.

Motion to support the recommendation of the Practice Transformation Taskforce to adopt the NCQA standards and process "plus" for advanced medical homes – Kevin Galvin; seconded by Bryte Johnson.
Jeffrey Beadle asked what was meant by NCQA Plus. The plus refers to added on standards in areas such as health equity that would be state requirements.
Vote: all in favor.

2. May 27th follow up
The board postponed approving the May 27, 2014 minutes until the next meeting.

3. Update on the grant timeline and work groups
The latest draft grant narrative was released on June 24 after 5 p.m. Patricia Checko said the board would have time to review and provide input on the application.

The Practice Transformation Taskforce is the only work group that has met. The Quality and Equity and Access councils have meeting dates scheduled but are unlikely to impact the grant application. The board decided to include workgroup members in their meetings so that they have the opportunity to review and provide input on the application. Dr. Checko said the board will need to ensure that there are funds available for consumer engagement activities. She said the timeline is aggressive and that space in the application is limited.

4. Presentation from Kate McEvoy, Medicaid Director
Mark Schaefer, Director of Healthcare Innovation, introduced Kate McEvoy, Medicaid Director. Ms. McEvoy will discuss the proposal for Medicaid participation in the test grant. Ms. McEvoy said that the Department of Social Services had engaged in extensive discussions on how Medicaid would participate in the State Innovation Model. In December the proposal centered on the idea that shared savings would be limited to the duals population. However, upon release of the Funding Opportunity Announcement it became apparent that Medicaid would need to play a bigger role. Ms. McEvoy said the proposal is a basic framework but that more needs to before it can be implemented. The department intends to use a stakeholder led process to further flesh out the details. The department intends to build upon the current position in Medicaid – expanding access to primary care and integrating primary care with other services and supports. The department intends to expand its Person Centered Medical Home effort. The new proposal focuses on FQHCs and other advanced networks. It could also include the health neighborhoods created through the duals demonstration. The process to define the criteria for participation will go through the MAPOC's Complex Care Committee. The initiative would launch January 1, 2016 and would include between 200,000 and 215,000 single eligible Medicaid beneficiaries. This is in addition to the duals demonstration which is anticipated to begin on January 1, 2015.

There was discussion regarding the motivation for the change. Ms. McEvoy said it was always the department's intention to build upon the duals demonstration and align with other efforts but the FOA brought forth the need to accelerate the timing. Dr. Schaefer said that in order to realize the vision of progress on health equity gaps and disparities, the state would need to look beyond commercial payers. In examining the plans of design and test states, everyone led with Medicaid. The proposal will enable FQHCs – which handle 30-40 percent of Medicaid beneficiaries – to learn how to progress.

The department's second track for involvement is to examine the authority granted under an 1115 waiver to impact health in ways that are currently unallowable under Medicaid, such as purchasing an air conditioner for a client suffering from asthma or multiple sclerosis. Ms. McEvoy said the 1115 waiver allows for greater flexibility in spending but does have risks and challenges associated with it. One of those risks could be a global cap on the federal contribution to Medicaid.

Ms. McEvoy said the department remains committed to not instituting shared savings until under service measures are developed. Dr. Schaefer said that having Medicaid move in sync with the commercial payers will enable the state to tackle under service in a unique way. Other states do not have workgroups devoted solely to the issue of under service.

5. Consumer engagement and other discussion related to the test grant narrative

The group discussed the impact of the Medicaid proposal and how protections could be put into place so that clients are not harmed. The Equity and Access Council will develop those measures with the aim of having them in place by January 1, 2016. The measures will need to focus on both patient selection and under service. Additionally, the state could institute a mystery shopper program to see if there is under service or cherry picking occurring. It was asked what would happen if either were found. In isolated incidents, the guilty clinician could be prohibited from receiving shared savings. If the abuse is widespread, the program could be shut down or new rules instituted.

The 1115 waiver could be used to support the implementation of the population health plan. That effort would be co-led by the departments of Public Health and Social Services. The waiver is not needed to pay for community health workers as that activity is allowed under fee for service for targeted chronic health conditions. The goal is to measure what good care looks like and then reinvest the savings from that care.

Ms. Murphy expressed a concern that the work of the Equity and Access Council and the Under Service subcommittee of the MAPOC Complex Committee would not be connected. She said effective communication between the two bodies would be important.

6. Review of questions, comments, and Monday check-in feedback

The board discussed the possibility of providing a letter of support for the application. Dr. Checko said the board will need to decide if they are in a position to provide one. Board members were asked to provide their top concerns both during the meeting and as part of their weekly Monday check-ins. Dr. Checko said the Medicaid proposal must do no harm. Richard Porth said there must be a concrete under service monitoring plan. Robert Krzys said that clients need to know how to file complaints so that corrective action can be made in real time. The additions to the standards for the AMH should include a monitoring component. Theanvy Kuoch said she was interested in examining the community health worker piece.

The board discussed the timeframe for composing a letter of support. Cheryl Harris Forbes asked – in light of the limited space available in the application – what assurances were in place that the grant will be implemented as intended. There was uncertainty about this amongst the group. The workgroups will be designing the program in the first year with implementation to follow. Communication will be critical. Mr. Porth said that, having worked with the PMO staff in the past, the board would have the ability to come to a concrete understanding regarding the process for implementation.

7. Next Steps
Yvette Bello has taken a new position and will need to step down from the board. The chairs are requesting that her replacement at Latino Community Services fill her role if he is interested. The board will follow up on this at its next meeting.

Meeting adjourned at 3:34 pm.